

<b>Case Number:</b>	CM13-0041626		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/21/1999
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Licensed in Chiropractic Care, has a subspecialty in Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 63-year-old female who sustained a work related injury on 5/21/1999. Her primary diagnoses are lumbosacral neuritis, CRPS to the left upper extremity, shoulder dysfunction, and psychiatric issues. She complains primarily of left shoulder pain, hypersensitivity, swelling, and discoloration. She has guarding, swelling and discoloration Prior treatment includes spinal cord stimulator, Lidoderm patches, acupuncture, oral medication, aquatic therapy, transcranial magnetic therapy, physical therapy, and psychotherapy. She has had 12 prior acupuncture visits. Per a PR-2 on 10/17/2013, the physician notes that the claimant has decreased pain severity from 10-5/10 and pain frequency from constant to primarily with activity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Request for additional acupuncture sessions 2x3 left upper extremity and left shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional

improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. However, the provider failed to document functional improvement associated with her acupuncture visits. The noted decrease in pain intensity and duration do not constitute as functional improvement. Therefore, further acupuncture is not medically necessary.